

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Waikiki	CHAPTER90
Address: 1812 Kalakaua Avenue, Honolulu, Hawaii 96816	Inspection Date: July 23, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

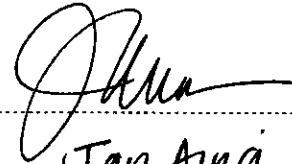
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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p>FINDINGS Resident #1 - Medication administration record (MAR) states, "Robitussin Cough+Chest Cong DM Liquid 20-200mg/20mL. Give 5ml orally as needed for cough PRN BID"; however, dosage on bottle label states 10-100mg, give 5mL.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Plaza Charge Nurse communicated to Primary Care Physician via facsimile, requesting for orders to be corrected. Order received 7/27/21: Robafen DM Cough Liquid 10-100mg/5ml; Give 5ml by mouth as needed for cough, BID PRN</p>	<p>7/27/21</p> <p>21 AUG -6 P 3:23</p> <p>STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: _____



Print Name: _____

Jan Aina

Date: _____

8/4/21

STATE OF HAWAII
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